Notice of Exempt Offering of Securities

SEC1972 (09/08)

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

1426456

OMB APPROVAL

OMB Number: 3235-0076

Expires: December 31, 2008

Estimated average burden hours per response: 4.00

Intentional misstatements or em 1. Issuer's Identity	r omissions of fact const	titute federal criminal viol	lations. See 18 U.S.C. 1001.		
Name of Issuer Senior Living Communities, LLC Jurisdiction of Incorporation/Organization North Carolina Year of Incorporation/Organization (Select one) Over Five Years Ago Within Last Five Years (specify year) If more than one issuer is filing this notice, check tem 2. Principal Place of Business and Street Address 1	this box and identif	-	Business Trust Other (Specify)		
10706 Sikes Place					
City Str	ate/Province/Country	ZIP/Postal Code	Phone No.		
Charlotte	orth Carolina	28277	(704) 246-1616		
em 3. Related Persons					
Last Name	First Name		Middle Name		
Thompson, Jr.	Donald		O.		
Street Address 1	J	Street Address 2			
c/o Senior Living Communities, LLC		10706 Sikes Place			
City Stat	re/Province/Country	ZIP/Postal Code	EEG Mail Lizil Processing		
Charlotte NC		28277	Section		
Relationship(s): X Executive Officer	Pirector Promoter		7. A. 2000		
Clarification of Response (if Necessary) Presid			JAN 07 XIIIIY		
(Identify a	dditional related persor)	* · · · · · · · · · · ·	and attaching treit है हुश्हां प्राप्ता (on Page(s).)		
Agriculture Banking and Financial Services	Busines: Energy	s Services	Construction REITS & Finance		
Commercial Banking	○ Elec	tric Utilitles	Residential		
Insurance	$\stackrel{\smile}{\sim}$	rgy Conservation	Other Real Estate		
Investing Investment Banking	<u> </u>	Mining ronmental Services	Retalling		
Pooled Investment Fund	$\overline{\mathcal{Q}}$	Gas	Restaurants		
If selecting this industry group, also select or	ne fund Othe	er Energy	Technology Computers		
		are	Computers Telecommunications		
type below and answer the question below:	Health C		Other Technology		
Hedge Fund	Bioto	echnology	Other Technology		
	O Bioto	echnology Ith Insurance	Other Technology Travel		
Hedge Fund Private Equity Fund	O Bioto	echnology	Travel		
Hedge Fund Private Equity Fund Venture Capital Fund Other Investment Fund Is the Issuer registered as an investmen	Heal Hosp Phan	echnology Ith Insurance Ditals & Physcians	Travel		
Hedge Fund Private Equity Fund Venture Capital Fund Other Investment Fund	Heal Hosp Phan	echnology Ith Insurance oItals & Physcians maceuticals er Health Care	Travel		

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Item 5. Issuer Size (Select one)	asnington, DC 2	
Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)		Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in
No Revenues	OR	No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
Decline to Disclose		O Decline to Disclose
O Not Applicable		Not Applicable
tem 6. Federal Exemptions and Exclusions Clai	imed (Sel	ect all that apply)
		pany Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (lii))	Section 3(c	
Rule 504(b)(1)(i)	Section 3(c	
Rule 504(b)(1)(ii)	Section 3(c	··-·
Rule 504(b)(1)(iii)	Section 3(c	· · · · · · · · · · · · · · · · · · ·
Rule 505	Section 3(c	· · · · · · · · · · · · · · · · · · ·
] Section 3(c	1/4/
Securities Act Section 4(6)	Section 3(c	
] section s(c	.,,(/)
em 7. Type of Filing		
New Notice OR Amendmen	t	•
	_	
ate of First Sale in this Offering: 10/08/2008	OR 🗆	First Sale Yet to Occur
em 8. Duration of Offering		
Does the issuer intend this offering to last more than	one year?	☐ Yes 🔀 No
em 9. Type(s) of Securities Offered (Select a	all that appl	y)
] Equity	Pooled	Investment Fund Interests
C Debt	Tenant	-in-Common Securities
Ontion Warrant or Other Blakets Service	Minera	Property Securities
Option, Warrant or Other Right to Acquire Another Security	Other (I	Describe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security		
em 10. Business Combination Transaction		
Is this offering being made in connection with a busine transaction, such as a merger, acquisition or exchange offer		n ∐ Yes ⊠ No
Clarification of Response (if Necessary)	11	
Clarification of neoporise (if Necessary)		

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Item 11. Minimum Investment						
Minimum investment accepted from any	outside investor \$	100,000.00)]
Item 12. Sales Compensation						
Recipient		Recipient	CRD Number			
Thomas McDonaid Partners, LLC		135414				No CRD Number
(Associated) Broker or Dealer N	one	(Associate	d) Broker or Dea	ler CRD Nu	mber	
]				No CRD Number
Street Address 1		Street Add	ess 2			
959 W. St. Clair Avenue, Suite 300						<u> </u>
City	State/Province	/Country	ZIP/Postal Cod	le		
Cleveland	ОН		44113			
AR AR AR AR IL IN IN IA KS IL IN IN IA KS IMT NE NV INH RI SC SD TN (Identify additional person) Item 13. Offering and Sales Amo		ME I	MD □ MA NG □ ND N MA □ WA	⊠ MI ⊠ MI ⊠ WV and attach	☐ MN ☐ OK ☐ WI	
	2,525,000					
(a) Total Offering Amount				OR	Indef	inite
(b) Total Amount Sold	2,525,000					
(c) Total Remaining to be Sold (Subtract (a) from (b)) Clarification of Response (if Necessary)	\$ -0-			OR		initeCEC Mail Mail Processing
Clarification of response (in recessary)		-				JAN 0 7 ZU
Item 14. Investors						•a• • • • • • • • • • • • • • • • • • •
Check this box if securities in the offer number of such non-accredited investors	ing have been or may be who already have investo	sold to perso ed in the offe	ons who do not o	qualify as ac	credited inv	estors, and enter the
Enter the total number of investors who	already have invested in t	the offering:	18			
Item 15. Sales Commissions and	រ Finders' Fees Ex	penses				
Provide separately the amounts of sales of check the box next to the amount.	ommissions and finders'	fees expense	s, if any. If an a	mount is no	ot known, pr	ovide an estimate and
		Sales Comm	issions \$ 53,00	0		Estimate
Clarification of Response (If Necessary)		Finder	s' Fees \$			Estimate
						Form D

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de the amount of the gross proceeds of the offering that has been or for payments to any of the persons required to be named as ors or promoters in response to Item 3 above. If the amount is unlate ate and check the box next to the amount.	executive officers, \$ -0-
Clarification of Response (if Necessary)	
·	
nature and Submission	
ease verify the information you have entered and review the	Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each I	dentified issuer is:
the State in which the issuer maintains its principal place of borocess, and agreeing that these persons may accept service such service may be made by registered or certified mail, in a against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the provisions of: (i) the Securities Act of 1933, the Securities Exclicompany Act of 1940, or the Investment Advisers Act of 1940 State in which the issuer maintains its principal place of busing	SEC and the Securities Administrator or other legally designated officer of exisiness and any State in which this notice is filed, as its agents for service of on its behalf, of any notice, process or pleading, and further agreeing that my Federal or state action, administrative proceeding, or arbitration brought the United States, if the action, proceeding or arbitration (a) arises out of any e subject of this notice, and (b) is founded, directly or indirectly, upon the mange Act of 1934, the Trust indenture Act of 1939, the Investment (a), or any rule or regulation under any of these statutes; or (ii) the laws of the mess or any State in which this notice is filed.
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to req "covered securities" for purposes of NSMIA, whether in all instances routinely require offering materials under this undertaking or others so under NSMIA's preservation of their anti-fraud authority.	ational Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, julie information. As a result, if the securities that are the subject of this Form D are or due to the nature of the offering that is the subject of this Form D, States cannot wise and can require offering materials only to the extent NSMIA permits them to do
undersigned duly authorized person. (Check this box are noted to a signer below.)	nd attach Signature Continuation Pages for signatures of issuers identified
Issuer(s)	Name of Signer
Contact hairs Communisted 11.5	Donald O. Thompson, Jr.
Senior Living Communities, LLC	
Signature Signature	Title
	Title President and Manager
Signature	

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Item 3 Continuation Page

Item 3. Related Persons (Continued) Last Name First Name Middle Name М. Saunders Wallace Street Address 1 Street Address 2 c/o Senior Living Communities, LLC 10706 Sikes Place State/Province/Country ZIP/Postal Code City NC 28277 Charlotte X Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) | Chief Financial Officer Middle Name Last Name First Name Bowers T. Mary Street Address 2 Street Address 1 10706 Sikes Place c/o Senior Living Communities, LLC State/Province/Country ZIP/Postal Code City NC 28277 Charlotte X Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) | Chief Operating Officer Middle Name Last Name First Name Street Address 2 Street Address 1 ZIP/Postal Code City State/Province/Country Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name Street Address 2 Street Address 1 State/Province/Country ZIP/Postal Code City Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary)

END